

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029541

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 106

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 30 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0891			
2 0891			
3			
4 0			
5 1			
6			
7 0			
8 2			
9 331X			
10			
11			
12 26-0			
13 2-0			
USE BLACK INK OR TYPEWRITER RIBBON	SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Richmond</b>		c. CITY OR TOWN <b>Camden</b>	
Length of stay in 1b <b>7 months</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Toner's Rest Haven</b>		d. STREET ADDRESS (If outside, give location) <b>Hiway #210</b>	
3. NAME OF DECEASED (Type or print) <b>EDWARD CHUNN</b>		4. DATE OF DEATH Month <b>July</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/1/1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	
11. BIRTHPLACE (City and state or country) <b>Camden, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>J. B. Chunn</b>		13b. MOTHER'S MAIDEN NAME <b>Isabell Hughes</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary E. Blain Chunn</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Mary E. Chunn, Richmond, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Congestive HF failure</b> DUE TO (b) <b>C.H.A.</b> DUE TO (c) <b>Dementia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-4 da</b> <b>X-5 da</b> <b>4-5 da</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:25 p.</b> Month, Day, Year <b>7-25-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Camden, Mo.</b>	
21. I attended the deceased from <b>1956</b> to <b>present</b> and last saw her alive on <b>7-25-63</b> Death occurred at <b>6:25 p.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>[Signature]</b> M.D.	
22b. ADDRESS <b>Richmond, Mo.</b>		22c. DATE SIGNED <b>7/27/1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>July 27, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cravens Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Camden, Mo.</b>		24. FUNERAL DIRECTOR <b>Thurman Funeral Home, Richmond, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>7/27/1963</b>		26. REGISTRAR'S SIGNATURE <b>Malul Jackson</b>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or ~~was~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Levart Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.